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COVER LETTER

SUBJECT: LOEXPY Juc Name of Corporation DOCUMENT NUMBER: P95 0000 94055	
DOCUMENT NUMBER: P95 0000 94055	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person Novement Inc Firm/Company 210 15th Frence N Address St Pitus burg FL 33705 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	COM
For further information concerning this matter, please call:	
Name of Contact Person at (727) 867.195 Area Code & Daytime Telephone Nu	mber
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

BOTH FOR CORPORATIONS
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statuten this statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: howard Inc
2. The principal office address: 210 15th Avenue N St Potersburg FL 33704
3. The mailing address (if different): PO POX 28 St Pressburg Ft 33731
4. Date of incorporation/qualification: Document number: P 95 0000 9405
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Sorme address: 6775 Colony Drive S
St Petersburg FL 33705
d
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): New ordness: 210 15th Avenue N P.O. Box NOT acceptable P.O. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

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